								Application or Docket Number					
1.12	PATENT	RD	1			_							
L	Effective October 1, 2000							09910391					
	CLAIMS AS FILED - PART 1 (Column 1) (Column 2)								NTITY		OTHER	THAN	
		gear, water	(Column	1)	(Column 2)		TYF	TYPE		OR SMALL ENTIT		ENTITY	
L	OTAL CLAIMS		6	4			-	ATE	FEE	1	RATE	FEE	
FO	OR .		NUMBER	FILED	MITWE	ER EXTRA	BA	HC FEI	355.00	OR	Basic Fee	·710.00	
10	ITAL CHARGEA	BLE CLAIMS	64 min	us 20=	• 4	14	L×	\$ 9=	346	OR	X\$18=		
11_	EPENDENT CL) minus 3 =		5		×	40=	200	OR	X80=			
M	LTIPLE DEPENDENT CLAIM PRESENT							35=		OR	+270=		
	the difference	he difference in column 1 is less than zero, enter "O" in column 2						STAL	151	OR	TOTAL		
1	e C	CLAIMS AS AMENDED - PART II						OTHER THAN					
3	٠	(Column 1) (Column 2) (Column 3)						IALL	ENTITY	OR	SMALL	ENTITY	
INT.		CLAMS REMAINING AFTER AMENDMENT		HIGH - MUM PREVIO PAID	BER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADOL TIONAL FEE	
MENDMENT	Total	1. چر.	Minus	•• (64	- /	×	9 - -		ОЯ	X\$18=		
	Independent		Minus C	***	Q'	- /	×	40-		CR	X80-		
۲	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							35=		OR	+270=		
	1-2/05							TOTAL		OR	TOTAL		
100	(Column 1) (Column 2) (Column 3)												
16		CLAIMS REMAINING		HEGH		PRESENT			ADDI-	1		ADDI-	
		AFTER AMENDMENT		PREVI	DUSLY	EXTRA	L	ATE	TIONAL FEE		RATE	TIONAL FEE	
MENDMENT	Total .	. 15.	Minus	. (34	- /	X	ş 9=		ΟЯ	X\$18=		
Į	Independent	• 3	Minus	***	<u> </u>	-/	×	40-		OR	X80=		
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT COMM							35=		OR	+270=		
1								TOTAL		OR	TOTAL ADDIT, FEE		
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1		(Column 1) CLASMS REMARKING		(Colum	EST	(Column 3)			ADDi-	1		ADDI-	
E		AFTER AMENDMENT		PREVIO	DUSLY	EXTRA	P.	ATE	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total	•	Minus	••		=	×	9=		OR	X\$18=		
	Independent	•	Minus	+20		-	X	10=		OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OH			
* If the article actions 4 to less than the gents in estates 9 ands 99 in orders 9								35= (01/AL		OR	+270=		
-	" if the entry in column 1 is less then the entry in column 2, write "O' in column 3. " If the mitghest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20." "If the Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3."									CR	TOTAL ADDIT, FEE		
	The "Highest Nur The "Highest Nur	mber Previously Pai abor Previously Pai	d Por (Total c	o orace Independ	() () () () () () () () () () () () () (highest rumber	lound ir	the ap	propriate bo	t in col	umn I.		

FORM PTO-678 (Rev. 8/00)

Palent and Tradement Office, U.S. DEPARTMENT OF COMMERCE

TU.S. GPG: 2000-460-706/30103